

REQUEST FOR SERVICES

Committee, Person-Centered Budget Adjustments, Initial Budgets, Etc.

Directive 1.49

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Purpose

The directive establishes a policy and procedure for the Request for Services Committee, person-centered budget adjustments, initial budgets, and emergency requests for services.

Information about the committee includes:

- a description of committee members and duties;
- a description of meeting and review schedules;

- how to assist a support coordinator with requests; and
- a description of cross-training within the division.

Information about the person-centered budget adjustment process includes:

- how to review, evaluate, and finalize a request for services;
- a description of service criteria and decision-making; and
- budget neutral changes made by the support coordinator.

Related Directives: Notice of Agency Action, Budget Review 2.5, Budget Inactivity

Definitions

Administrative Case Manager (ACM) – a division employee that provides case management services.

Approval – the final state of a service code in the Request for Services, including the final rate and units; and effective start date. An approval authorizes the division to allocate the requested funds to the person's proforma budget.

Budget neutral change – a permitted change to a service code in a person-centered budget that can be funded within the plan total for the plan cycle and does not reduce the funding needed for any other service in the plan.

Committee – a body of division employees that review and make a decision about a request for services. The committee consists of all committee members and the committee chair.

Committee chair – the Request for Services Administrator. Alternates include any supervisor that the Request for Services Administrator reports to; the division Assistant Director, and the division Director.

Deferral – a temporary state of a Request for Services in which a voting committee member may request additional information, clarification, or any other details from the assigned support coordinator.

Denial – a final state of a service code in the Request for Services that indicates a voting committee member or the committee decided the request does not adequately support the service criteria, rate, or units requested.

Emergency request for services – a process integrated into USTEPS that allows a support coordinator to request an expedited service change if the person in-services is in immediate jeopardy and needs the service change within 72 hours of the request submission date. An emergency request for services is not a request to the Emergency Services Management Committee.

Modified Approval – a temporary state of the service code in the Request for Services used by the committee to adjust the rate, units, or dates of a requested service that otherwise meets the service criteria.

Non-voting committee member – a division budget specialist, and a specialist or administrator that provides subject matter expertise or consultation.

Plan cycle – the period of time between the person-centered support plan's effective start date and effective end date. A plan cycle is typically 365 days, or 366 days during a leap year.

Plan total – the sum of all service line items in the budget. Each service line item multiplies the service rate by the service units.

Request for services (RFS) – a process integrated into USTEPS that facilitates the creation of a personcentered budget through an initial budget and any budget adjustment by submitting proposed service codes, units, and rates; designated start and end dates; and evidence of need to the Request for Services Committee for review.

Restricted service codes – a service code related to a residential service, day support, or public transportation that includes RHS, HHS, PPS, DSG, DSI, DSP, EPR, and UTA.

Support coordinator – a division employee or a contracted provider that provides case management services.

Voting committee member – an employee of the division that reviews and makes a decision about a request for services. A voting member is an employee that either reports to the Request for Services Administrator or is designated by the division Director.

Quorum – the minimum number of members required for the committee to make a decision.

Committee Meetings

- 1. Except as described in (1)(a), the committee shall meet at least once a week.
 - a. If a state holiday or lack of quorum interferes with a meeting, the committee may reschedule that meeting during the preceding or following week.
 - b. Reasons that the committee may hold additional meetings include:
 - i. review of an urgent request for services that does not meet the definition of an emergency request for services; or
 - ii. timely completion of an increased volume of requests.
- 2. The committee quorum consists of at least three voting committee members, and one must be the committee chair.
- 3. At least one budget specialist must be in attendance to make a decision.
- 4. The committee shall prioritize the agenda in the following order:
 - a. Any request identified by the Request for Services Administrator as time sensitive, including:

- i. a request that the committee asked the support coordinator to rescind and resubmit; or
- ii. an urgent request that does not meet the definition of an emergency request for services.
- b. Any initial budget submitted by the Emergency Services Management Committee.
- c. An initial budget request submitted by a division support coordinator, administrative case manager, or specialist.
- d. Requests submitted by a voting committee member and reviewed by the committee in order of the date the request was added to the agenda.

RFS Review Schedule

- 1. A voting committee member shall review each request for services within 14 days of each date of submission.
- 2. A support coordinator must respond to a deferred request for services within 30 days of the date of deferral to prevent the request from automatically closing.

Committee Duties

- 1. The committee shall use the request for services process to review all initial budgets and person-centered budget adjustments.
- 2. The committee shall complete the person-centered budget review as described in Directive 2.5.
- 3. The committee shall complete the closed plan payment review.

Request for Services

- 1. Except for a budget neutral change, a support coordinator submits a request for services to complete a person-centered budget adjustment.
- 2. A person-centered budget adjustment includes:
 - a. an increase or decrease to a plan total;
 - b. adding or removing a service in a person-centered budget; or
 - c. an increase or decrease to a restricted service code.
- 3. A voting committee member shall review each request for services assigned to the voting committee member by the Request for Services Administrator.

- 4. A voting committee member or the committee must review the criteria and supporting documentation for each service code requested before making a decision.
- 5. A voting committee member or the committee may approve, defer, or deny each service code in a request for services.
 - a. Except as described in (5)(b), a voting committee member may make a decision for any request for services with a budget adjustment amount less than \$5,000.
 - b. A voting committee member shall submit the following request for services to the committee for a decision:
 - i. a budget adjustment amount equal to or more than \$5,000;
 - ii. a change from in-home services to out-of-home services; or
 - iii. an adaptive equipment request.
 - c. A voting committee member may submit any other request to the committee for a decision.
- 6. As described in Directive 1.6, a Notice of Agency Action (NOAA) must be sent for the following actions:
 - a. an adjustment to a budget line item that results in a reduction of units or reimbursement rate;
 - b. an elimination of a service; and
 - c. a denial of a request for services.

SERVICE CRITERIA AND DECISION-MAKING

- 1. A voting committee member or the committee shall make a decision based on the information included in the RFS.
 - a. Each criterion must have a narrative explanation that describes how the attached documentation substantiates the criterion.
 - i. The support coordinator drafts each narrative for the criterion.
 - ii. Narrative must clearly explain why the attached documentation supports the type, amount, or rate of the service requested.
 - b. The voting committee member or the committee only reviews the documentation attached to each service code criteria.
 - i. The support coordinator attaches the required documents, any recommended documents, and any other relevant documentation.
 - ii. Each service code criteria specifies what type of documentation is required or recommended.

- iii. Attached documentation must be integrated into USTEPS:
 - A. an uploaded document;
 - B. a log note;
 - C. an Incident Report;
 - D. an assessment;
 - E. the social history;
 - F. the person-centered support plan and planning tools; or
 - G. the person-centered profile.
- 2. The voting committee member or the committee may approve the request:
 - a. if the voting committee member or the committee decides that the documentation substantiates the criteria, rate, and units being requested; and
 - b. if the described use of a service code, number of units, and reimbursement rates comply with:
 - i. Federal Medicaid statute, Utah Code, and Utah Administrative Rule;
 - ii. the 1915(c) Medicaid Waiver state implementation plan language; and
 - iii. the contract scope of work and service description requirements.
- 3. If the voting committee member or the committee decides that the documentation does not substantiate the criteria, rate, or units being requested, the voting committee member or the committee may take any of the following actions:
 - a. A request for services may be deferred.
 - i. A voting committee member or the committee may provide the support coordinator with an opportunity to attach additional documentation or edit the narrative explanation.
 - ii. A deferral must give detailed instructions to the support coordinator about the additional documentation or edits required, including:
 - A. a clear indication of what part of the request for service requires additional documentation or editing;
 - B. if a document is needed, an indication of the type of document needed; and
 - C. an explanation of why the document or revision is needed.

- b. A request for services may be answered with a modified approval that adjusts the units or rate for a requested service.
 - i. A support coordinator may accept the modified approval or submit a counter-offer.
 - ii. A voting committee member or the committee may approve or deny a counter-offer.
- c. A request for services may be denied.
 - i. Reasons to deny a request for services include: the request does not meet the service criteria; the amount of service is excessive; or the amount of service is not supported by the attached documents.
 - ii. A voting committee member or the committee must deny a request if the described use of a service code, number of units, or reimbursement rate does not comply with:
 - A. Federal Medicaid statute, Utah Code, and Utah Administrative Rule;
 - B. the 1915(c) Medicaid Waiver state implementation plan language; and
 - C. the contract scope of work and service description requirements.

Assisting the Support Coordinator

- 1. A voting committee member may provide technical assistance to a support coordinator.
 - a. Assistance may include:
 - i. clarifying the narrative explanation;
 - ii. requesting additional documentation; or
 - iii. clarifying the requested units or rates for a service code.
 - b. A voting committee member may provide assistance through the RFS, by email, or by phone.
- 2. Any assistance provided by a voting committee member must be documented in the RFS.
 - a. Follow the deferral process described in the Service Criteria and Decision Making section to allow a support coordinator to make any changes based on technical assistance, and resubmit the request.
 - b. If the identified issue is related to a system requirement or limitation that prevents the voting committee member or the committee from processing a request, a voting committee member may ask the support coordinator to rescind the request and submit a new request.
 - Defer the request with an explanation of why the request cannot be processed and how to submit a new request.

- ii. Report the system limitation to the USTEPS administrator for correction.
- 3. The Request for Services Administrator may be contacted to address an issue:
 - a. that cannot be resolved by the voting committee member, or
 - b. that arises between the voting committee member and the support coordinator during review.

Cross-Training

- 1. Except as described in (3), a non-voting committee member may act as a voting member in the event of an emergency after completion of:
 - a. 32 hours of committee meetings as a non-voting member;
 - b. review of training materials;
 - c. consultation with and approval by the Request for Services Administrator; and
 - d. approval by the division Director.
- 2. The division must maintain at least three employees who can act as voting committee members in the event of an emergency situation. An emergency situation includes:
 - a. a declared public health emergency or natural disaster;
 - b. vacancies in the staff positions that report to the Request for Services Administrator; or
 - c. a sudden influx in the volume of requests.
- 3. A division budget specialist shall not be a voting member.

Emergency RFS

- 1. A support coordinator may submit an emergency request for services if a person in-services is:
 - a. in immediate jeopardy; and
 - b. needs the service change within 72 hours of the request submission date.
- 2. The committee chair shall review an emergency request within 72 hours of the request submission date.
- 3. The committee chair may approve or deny the request.
 - a. If the requested services exceed a service limitation or are otherwise excessive, additional administrative approval is required.

- b. If the request is approved, inform the support coordinator that a regular RFS must be submitted to continue the approved change beyond 30 days.
- 4. A support coordinator may request units of service equal to or less than 30 days of service. The units of service must be used within a 30-day period beginning on the effective start date.
- 5. To request emergency services for a person on the waiting list, make a referral to the Emergency Services Management Committee as described in Directive 1.34.

Budget Neutral Change

- 1. A support coordinator may make a budget neutral change to a person-centered budget without review by a voting committee member.
 - a. Except as described in (2) and (3), the following services shall not be adjusted through a budget neutral change:
 - a restricted service code;
 - ii. a service code that requires completion of an individualized budget worksheet to determine the daily rate; or
 - iii. a service code for which any other agency pays the state match rate as defined in Section R539-1-9.
 - b. The change must be fully funded within the plan total for the plan cycle to qualify as a budget neutral change.
 - c. A budget neutral change must maintain the integrity of the person-centered service plan as a whole.
 - i. Each budget line item must retain the amount of funding needed for the entirety of the plan cycle.
 - ii. If a reduction to the units or rate of a service means that service cannot be used as prescribed by the person-centered support plan, the budget adjustment requires a request for additional funding.
 - d. The support coordinator shall document any budget neutral change in the person-centered support plan.
- 2. If the day program daily rate is sufficient to cover the extended living services (ELS) daily rate, a support coordinator may move the dollar value of the units not used in the day program to fund additional days of ELS.
 - a. The ELS exception may be used if the person does not attend the day program because of illness or any other unforeseen issue; and the person also uses a residential service.

- b. The support coordinator must document use of the standard 16 days of ELS built into the individualized budget worksheet for a residential service before requesting additional ELS funding.
- 3. A support coordinator may adjust RHS absentee days by contacting a division budget specialist.
 - a. The change to absentee days must not increase the overall cost of RHS.
 - b. A non-voting member from the finance team shall only make an adjustment to absentee days if the described use of the absentee days complies with:
 - i. Federal Medicaid statute, Utah Code, and Utah Administrative Rule;
 - ii. the 1915(c) Medicaid Waiver state implementation plan language; and
 - iii. the contract scope of work and service description requirements.
- 4. The committee may discover budget neutral changes during routine evaluation of any other request for service. Any budget neutral change to a person-centered budget that is not supported by service criteria, justification, and documentation; or is made in excess shall be referred by the committee to the Office of Quality and Design for audit review. Audit review findings may lead to corrective action for the support coordinator.

BUDGET NEUTRAL CHANGE PROCEDURE

- 1. Adjusting a service code as permitted by the Budget Neutral Change Policy
 - a. The support coordinator must review the criteria, justification, and documentation requirements for each service before making a need based change. Service criteria are available in the USTEPS Help Manual.
 - b. The support coordinator must make any necessary changes to the person-centered support plan (PCSP).
 - i. Update the budget, goals, supports, and services.
 - ii. Document the person's and person-centered planning team's involvement in service changes.
 - iii. Document service changes.
 - c. The support coordinator must document any justification for a service change in a log note in USTEPS; and reference the date of the log note in the PCSP addendum.
 - d. Activate the new plan.
- 2. Notifying the division and sending the Notice of Agency Action (NOAA)
 - a. The support coordinator must email the division through noa@utah.gov if:

- i. a budget neutral change is made; and
- ii. a request for services was not used to make the budget change.
- b. Except as described in (b)(i), the waiver manager shall send a NOAA based on the information provided by the support coordinator.
 - An NOAA is not needed if the budget neutral change only moves units between "like services".
 - ii. The waiver manager must document completion of the NOAA process in a USTEPS log note.

Initial Budgets

- 1. A division support coordinator, administrative case manager, or specialist develops an initial budget. Development of an initial budget is assigned as follows:
 - a. Except for a person defined in (1)(b) through (1)(f), a person with an intellectual disability, an acquired brain injury, or related condition is assigned to the transition and assessment team.
 - b. A person with a physical disability is assigned to the physical disabilities team.
 - c. A person transitioning out of an ICF is assigned to the Community Transition Waiver team.
 - d. A person transitioning out of USDC is assigned to the USDC Transition Specialist.
 - e. A State Match case is assigned to the State Match Specialist.
 - f. An emergency case is assigned to the Emergency Services Specialist.
- 2. A division support coordinator, administrative case manager, or specialist shall submit an initial budget to the committee through a request for services.

PROCEDURE

- 1. A division support coordinator, administrative case manager, or specialist develops an initial budget based on:
 - a. a review of any available assessment; and
 - b. information gathered during the initial person-centered planning meeting.
- 2. Review the criteria and required documents for each service code requested in the initial budget to ensure that services reflect the person's assessed needs and preferences.

- 3. Confirm that any other available funding source was exhausted before requesting waiver funds. A Medicaid home and community-based waiver is the payer of last resort. Other available funding sources include:
 - a. primary insurance;
 - b. Medicaid state plan;
 - c. natural supports;
 - d. community resources; and
 - e. other state agencies.
- 4. Make any modifications to the initial budget.
- 5. Submit the initial budget to the committee through a request for services.

Closed Plan Emergency Payment Review

- 1. Support coordinator submits the Emergency Payment Request form and a narrative describing the circumstances to a division payment specialist.
- 2. The division payment specialist prepares the Request for a Closed Plan Emergency Payment that includes:
 - a. the Emergency Payment Request form;
 - b. the 520 billing; and
 - c. any other supporting documentation.
- 3. The division payment specialist submits the Request for a Closed Plan Emergency Payment to the committee.
- 4. A voting committee member or committee reviews:
 - a. the Request for a Closed Plan Emergency Payment;
 - b. any available funding in the closed plan;
 - c. the RFS history available in USTEPS;
 - d. the pro forma budget;
 - e. any log notes that support the need for additional funding; and
 - f. any other information requested by the voting committee member.

- 5. The dollar amount of the Request for a Closed Plan Emergency Payment determines who makes the decision.
 - a. A voting committee member may make a decision for any request with a payment amount less than \$5,000.
 - b. The committee shall make a decision for any request with a payment amount equal to or more than \$5,000.
- 6. A voting committee member documents the decision in a log note.
- 7. A voting committee member or the committee chair signs any approved Request for a Closed Plan Emergency Payment and returns the request to the initiating payment specialist for payment.